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\*\* CONTINUING DATA \*\*\*\*\*

None  
PTN

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None  
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
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Examiner's Signature <i>[Signature]</i> Initials PTN				

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## TITLE

Adaptive communication methods and systems for facilitating the gathering, distribution and delivery of information related to medical care

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